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AUTHOR Silver, Starr E.; Kugler, Judith L.
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ABSTRACT

This conference paper discusses the results of a study that investigated the effectiveness of the Total Family Strategy (TFS), a home-based family support program funded by the Juvenile Welfare Board of Pinellas County, Florida. The program was initiated as a means of introducing a family empowerment model of early intervention into the array of existing services for children and families. The target population was young families with children under the age of 12 who are at risk of developing serious problems and who have not already utilized significant social service resources. Four agencies in the community provide this service. Program components include case management, access to community resources, advocacy, and counseling. The evaluation study included data from agency directors and 93 families and intensive case studies with eight TFS families. Results indicated: (1) agency directors had different ideas about the purpose of the program, its target population, and indicators of the program effectiveness; (2) many families being served had already experienced significant systems involvement; and (3) agencies appeared to interpret program guidelines differently, leading to differences in program implementation. (CR)

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Introduction

Family support programs have been implemented across a wide variety of service systems for children and families (Ayoub, Daro, Landsverk, & Lutzker, 1996). Development of effective knowledge about "what works" in these programs has been hampered by a number of program implementation and evaluation issues (Pecora, Fraser, Nelson, McCroskey, & Meezan, 1995). These include lack of a coherent theory of family-based services, poorly specified program models, inconsistent referral and case targeting practices, absence of procedural guidelines for direct service issues (e.g., staff selection, training, and retention), and an inability to develop a systematic mechanism for monitoring program quality and refining the program as it stabilizes and matures.

In this summary, a local family support program is presented in order to illustrate these issues and highlight the importance of appropriate planning, monitoring, and evaluation of family support efforts. The Pecora et al. (1995) framework is also expanded by describing the significance of contextual factors which affect program implementation and evaluation; such a description has implications for third-party funders of services, providers, and evaluators.

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Method

Total Family Strategy (TFS) is a home-based family support program funded by the Juvenile Welfare Board (JWB) of Pinellas County, Florida. JWB is an independent special taxing district that funds delivery of children's services through other community agencies (Juvenile Welfare Board, 1992).

This program was initiated by JWB as a means of introducing a family empowerment model of early intervention into the array of existing services for children and families. The goal of TFS is to prevent "million-dollar families" (Friedman, 1991), who could incur that amount in service system costs throughout the life of the family. The target population is young families with children under the age of 12 who are at risk of developing serious problems, and who have not already utilized significant social service resources. Four agencies in the community provide this service. Program components include case management, access to community resources, advocacy, and counseling. The University of South Florida, Florida Mental Health Institute (FMHI) has been involved from the inception of the program in conceptualizing the program and evaluating its impact.

Beginning in 1994, a process evaluation of the TFS program was conducted (Silver & Marfo, 1994). Multiple methods were used in the TFS evaluation, including (a) review of existing program descriptions and other documents, (b) interviews with agency directors and staff, and (c) quantitative analysis of data routinely collected from families (N = 93). Intensive case studies were also conducted with TFS families (N = 8) and staff.

Results

Process evaluation revealed a number of issues identified by Pecora et al. (1995) operating in the TFS program, as follows.

Under-specification of the program model. Interviews conducted with agency directors revealed different ideas about the purpose of the program, its target population, and indicators of program effectiveness. For example, responses to questions about the purpose of the program revealed a range of program philosophies, from a focus on preventing serious problems, such as out-of-home placements or juvenile delinquency, to an emphasis on empowering families to problem-solve, access resources, develop informal networks, and become more self-sufficient. These differences in program philosophy also occurred at the program staff level, as revealed by case study interviews and observations at monthly staff meetings.

Inappropriate referral and case targeting. Case studies and quantitative analysis indicated that many families being

quantitative analysis indicated that many families being served in the program had already experienced significant systems involvement. Examples from the case studies included involvement in the child protective services system, adult corrections, and severe emotional difficulties. This population differed significantly from the one that the program was designed to serve; moreover, the population which was served varied by agency (Silver, 1995). Historic differences in populations served, referral sources, and funding sources may have contributed to different interpretations of the eligibility guidelines.

Program drift. The four agencies appeared to have a similar picture of the program model when the initiative began, as evidenced by a set of guidelines they had jointly developed. However, agencies appeared to interpret the guidelines differently, which led to differences in program implementation. For example, as a result of differences in agencies' staffing patterns, differences occurred in the degree to which therapeutic services, versus case management and referral, were emphasized in staff's work with families. Record-keeping procedures were modified to meet requirements of the larger agency, which sometimes affected methods used in family assessment and case plan development. Staff turn-over, combined with lack of detailed implementation procedures, increased the opportunity for differences in the interpretation of the program model.

Discussion

Process evaluation identified significant variation in agencies' implementation of this family support program. As a result of this and other information, program staff, JWB, and the evaluator are developing mechanisms to improve implementation on the issues described above.

There were important contextual issues in the current initiative that shaped program implementation, monitoring, and evaluation activities. The first issue pertains to the relationship between funders and service providers. In 1991, JWB and FMHI identified the need for an innovative service and sought to have this service provided by local agencies. The impetus for the initiative came from outside the agencies. A second, related contextual issue is that the model underlying TFS represented a change in agencies' existing practices. Total Family Strategy emphasizes a home-based (versus office-based) model, working with families holistically instead of with the identified client. Additionally, TFS focused on partnering with families, building on their strengths and providing community-level supports, as opposed to employing the traditional therapeutic approach. Despite the joint development of program guidelines, the process evaluation indicated that agencies were operating with different interpretations of how this model translated into practice. This underspecification of the program model led to uneven program implementation across agencies.

Contextual factors also affected quality control and program evaluation activities. Initially, neither JWB nor FMHI fully realized the complexity of this initiative, including the time needed to implement and bring about the desired changes. As the program developed, recognition of the necessity for developing new approaches to contract management and evaluation also occurred. "Lessons learned" included changing from a practice of separate JWB contract managers (i.e., one for each agency) to one contract manager who worked across all four agencies and assumed a greater coordinating role.

Pecora et al. (1995) note that one of the pitfalls of evaluating programs is a mismatch between stage of program development and evaluation design. The initial evaluation design focused on short-term outcomes (i.e., an approach consistent with JWB's practice of monitoring contracts with established programs). As the complexity of managing this program revealed itself, JWB requested an evaluation plan that included both process and outcome components. Process evaluation revealed a number of issues that will impact long-term evaluation of this program (e.g., the differences in the populations served by agencies will require analysis of families' long-term progress separately for each agency). This has led to a clearer understanding of the limitations of the evaluation that would not have been achieved without a focus on process evaluation.

The nature of family-support programs affects the context, implementation, and evaluation of programs. Family support services offer a wide breadth of services, and issues faced by families represent multiple domains (e.g., housing, basic needs, transportation, additional education/training, parenting support, and counseling). The heterogeneity of the target population poses significant challenges for family support programs. In the current program, these challenges may have been compounded by the difficulty of operationalizing characteristics of those likely to become "million dollar families." In addition to significant process evaluation issues, family support programs present formidable challenges to outcome evaluation. Evaluation is made more difficult by the use of individualized criteria for determining family progress and success, and by the fact that family success is also dependent upon available and accessible community resources&endash;issues which are often not under the control of program staff (Silver, 1995).

Experience with the TFS evaluation leads to several recommendations. These recommendations apply to funders, providers, and evaluators of family-based programs. The importance of careful, systematic implementation planning cannot be overlooked. This starts with review of Pecora, et al.'s (1995) description of the issues involved in implementing and evaluating services. It is also crucial to allocate sufficient time and resources to monitor program implementation. The specific strategy used

to monitor implementation can take a number of forms. These include having the funder and providers develop self-assessment mechanisms that would include "benchmarks of progress" to determine whether program implementation is on track (e.g., Is there a mechanism for regular review and refinements of the program model? What information is being collected to provide feedback about these issues?). If the time needed to develop, implement, and monitor the program exceeds that of the funder and/or providers, consider having an external evaluator conduct a process evaluation. A third strategy combines elements of the first two (e.g., having an evaluator provide technical assistance on developing self-assessment measures).

Carefully consider the context in which this new program is being implemented. Is this an innovative service that challenges traditional practices? Who is in charge of the innovation? How does this model fit with existing philosophy, practice, and training of providers? What group processes can be used to facilitate the empowerment of providers and their ownership of innovation? Be sure to define roles, including the role of the evaluator. Consider how the role of an evaluator can be utilized to help develop a more participatory approach to program evaluation (e.g., as a participant observer who provides technical assistance and helps facilitate the group process, vs. a traditional evaluator that may lead providers to comply, rather than take risks and try an innovation).

The process issues described in this summary raise questions about how providers and funders can work together to develop and deliver innovative family support programs. Developing mechanisms to foster collaboration may be especially important when the new initiative requires changes in existing funder-provider relationships and staff practices. These issues are likely to grow in importance as family support programs grow and pressures for greater accountability of programs increase.

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Authors

Starr E. Silver, Ph.D.
Research Associate Professor
Dept. Child & Family Studies
Florida Mental Health Institute
University of South Florida
Tampa, FL 33612-3899
Voice: 813/974-6412
Fax: 813/974-4406
silver@hal.fmhi.usf.edu

Judith L. Kugler, M.B.A.
Program Consultant
Research and Development Center
Juvenile Welfare Board of Pinellas County
6698 68th Avenue North, Suite A
Pinellas Park, FL 34665-5060
813/547-5600
Fax: 813/547-5610

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